

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/05/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445445	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  11/28/2011
NAME OF PROVIDER OR SUPPLIER  CELINA HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 120 PITCOCK LANE CELINA, TN 38551		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the smoke barriers.</p> <p>The findings included:</p> <p>Observation of the attic on 11/28/11 at 10:35 AM, revealed 10 ceiling penetrations throughout the attic.</p> <p>This finding was acknowledged administrator and director of maintenance during the exit conference on 11/28/11.</p>	K 025	<p>1. The penetrations were repaired by the Director of Maintenance on 12/9/11. The maintenance department was inserviced on 11/28/11 regarding maintenance of smoke barriers.</p> <p>2. The remaining attic was inspected on 12/9/11 by the Director of Maintenance to ensure that there are no other penetrations.</p> <p>3. The maintenance department was inserviced on 11/28/11 regarding maintenance of penetrations to the smoke barriers by the Administrator.</p> <p>4. The maintenance director will examine the attic weekly for four weeks and then monthly for two months or until 100% compliance is achieved and thereafter to according to the facilities preventative maintenance plan. All results will be reported by the Maintenance Director to the Quality Assurance Performance Improvement committee comprised of the Medical Director,</p>	Completion Date  12/22/11	
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 038			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Paul Boone*

*Administrator*

12/14/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038	Continued From page 1  This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the access from the exit discharge to the public way.  The findings included:  Observation of the 100 corridor on 11/28/11 at 10:39 AM, revealed the exit discharge to the public way was obstructed by a patient lift.  This finding was acknowledged by the administrator and director of maintenance during at the exit conference on 11/28/11	K 038	Administrator, Director of Nursing, Staffing Coordinator, Minimum Data Set Coordinator, Social Services, Activities Director, Dietary Manager, and Housekeeping Supervisor.		
K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1  This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the sprinkler system.  The findings included:  Observation of the sprinkler riser system in room 105 on 11/28/11 at 10:45 AM, revealed that the black flow preventor monitoring switches were not connected to the fire alarm system.  This finding was acknowledged by the	K 061	K038  1. The lift was removed by the Director of Maintenance on 11/28/11. The maintenance department was inserviced on 11/28/11 regarding proper access to exit corridors by the Administrator. 2. The remaining exits were inspected on 11/28/11 by the Director of Maintenance to insure that there are no other obstructions. 3. The maintenance department, department managers, nursing	Completion Date  12/22/11	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/28/2011</b>
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K 061	Continued From page 2 administrator and director of maintenance at the exit conference on 11/28/11.	K 061	<p>assistants and licensed nursing staff were inserviced beginning 11/28/11 through 12/12/11 regarding proper access to exits by the Administrator.</p> <p>3. The maintenance director will examine the exit corridors weekly for four weeks and then monthly for two months or until 100% compliance is achieved and thereafter according to the facilities preventative maintenance plan. All results will be reported by the Maintenance Director to the Quality Assurance Performance Improvement committee comprised of the Medical Director, Administrator, Director of Nursing, Staffing Coordinator, Minimum Data Set Coordinator, Social Services, Activities Director, Dietary Manager, and Housekeeping Supervisor.</p>	

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